

Out-patient Parenteral Antimicrobial Therapy (OPAT) Referral

GP assesses patient - makes clinical decision that IV antibiotic therapy required.

- GP must explain to patient/family that they feel IV therapy is required and explain that there is a process to go through and will be put into motion ASAP.

**1. GP contact Microbiology Team
Microbiologist aims to respond within 2 hrs.**

Phone (01244) 362 500

NOTE: (Available Mon-Fri 9-5. Out of hours go straight to 2)

Discussion with Microbiologist to agree:

- Patient fits inclusion/exclusion criteria
- antibiotic and duration of Rx
- capacity within service to accept

2. GP Contact Single Point of Access to complete the referral process including faxing of completed PMAC.

Phone 514-6392 FAX: 514-2583

OPAT nurse will contact practice to assist with:

- PMAC – can email pre populated PMAC for dates/signature.
- IV Access - (OPAT will arrange clinic appointment with patient if PICC/midline required).

3. FP 10 issued

4 community hub pharmacies across Wirral hold supplies. Patient/family member to collect.

- OPAT nurse available to assist with drug supply if required

OPAT team will monitor patient during therapy (including weekly MDT), contact GP if abnormal blood results, assist with therapy changes if required & assist with IV access

Any queries contact OPAT nurse:

Bleep 7090 or 7091 via WUTH switchboard (0151 678 5111)

or email on: Wih-tr.OPATTeam@nhs.net

Acceptance criteria for referral into OPAT service

Inclusion criteria (All must apply)

- Medically stable and fit for discharge (as assessed by medical team, registrar or above) or medically stable and fit to remain within community setting (as assessed by GP)
- Able to understand and consent to OPAT (*where patients lack mental capacity to consent treatment can be administered in patients best interests based on individual holistic assessment*)
- Safe and appropriate IV access
- Registered with a GP on the Wirral
- Age >18
- Definitive diagnosis known.
- The patient must agree to comply with all aspects of the treatment plan, including making themselves available at stated times for delivery of therapy
- Suitable home environment for the preparation and administration of intravenous therapies.

Caution: History of anaphylactic reaction from any cause unless agreed by OPAT team in collaboration with responsible clinician. Patient should be risk assessed prior to referral.

Exclusion criteria (Any one will exclude the patient)

- History of allergy to agent being administered or related agent
- Known risk of sudden death
- Immunocompromised / neutropenic
- Septic (ie 2 or more of the following; heart rate >90bpm, temp >38.3°C or <36 °C, respiratory rate >20 breaths per minute, WCC >12x10⁹/L or <4 x 10⁹/L or new altered mental state)
- Unable to communicate / confusion
- Intravenous drug misuser

Referring Clinicians Responsibilities

Outpatient antibiotic therapy (OPAT) service – advice for secondary care early discharge

For the OPAT service to be accessed, the GP must

- provide a summary of the patients diagnosis and relevant past history to the microbiologist
- confirm patient is medically stable and meets all eligible criteria
- obtain informed verbal consent from patient and document in notes
- read the OPAT protocol and understands the ongoing responsibilities
 - eg. follow up at the end of planned treatment and weekly review if duration of treatment is >7days
- must contact Single point of access (SPA) to complete OPAT referral with relevant clinical information including current and recent medications ensure outcomes from patient follow up are communicated to the OPAT team
- provide input to weekly OPAT MDT review as required
- issue FP10 for antibiotic & diluents, issue PMAC for antibiotic & diluents

Note – if the above requirements are not met, the patient may be removed from the OPAT service

Supply of Antibiotics in the Community via 4 Community Pharmacy Hubs

Asda Pharmacy Bromborough - Welton Road, Croft Business Park, Bromborough, CH62 3QP

Asda Pharmacy Liscard - Sea View Road, Wallasey, CH45 4NZ

Lloyds Pharmacy - Arrowe Park Hospital, Arrowe Park Road, Upton, Wirral, CH49 5PE

Medicx Pharmacy - St Catherines Community Hospital, Church Road, Birkenhead, Wirral, CH42 0LQ

Approved antibiotics for Initiation on advice of OPAT in Primary & Secondary Care

Antibiotic	Route	Reconstitution	Speed of bolus (preferred route)	Infusion	
				Suitable fluid & volume	Speed of infusion
Amoxicillin	Bolus or infusion	Water for injection 5ml per 250mg	3-4 mins	100ml Sodium chloride 0.9%	30 mins
Co-amoxiclav	Bolus or infusion	Water for injection 10ml per 600mg	3-4 mins	100ml Sodium chloride 0.9%	30 mins
Ceftriaxone	Bolus up to 1g only >1g give by infusion	Water for injection 1g vial: 10ml 2g vial: 40ml	Doses of 250mg-1g ONLY over 5 mins	100ml Sodium chloride 0.9%	30 mins
Ceftazidime	Bolus or infusion	Sodium chloride 10ml for 1g & 2g vial <i>Follow manufacturers instructions. (gas released as product dissolves)</i>	3-4 mins	Sodium chloride 0.9% <i>Follow manufacturers instructions. 2 stage process.</i>	15-30 mins
Ertapenem	Infusion ONLY	Water for injection or sodium chloride 0.9% 10ml for 1g vial then dilute to final concentration not exceeding 20mg/ml	NOT FOR BOLUS	50ml Sodium chloride 0.9%	30 mins
Flucloxacillin	Bolus up to 1g only 2g give by infusion	Water for injection 5ml per 250mg	Up to 1g 3-4 mins	100ml Sodium chloride 0.9%	Minimum 20 mins
Meropenem	Bolus up to 1g only >1g give by infusion	Water for injection 5ml per 250mg Shake to dissolve	Up to 1g over 5 mins	Sodium chloride 0.9% Final concentration Of 1 to 20mg/ml	15-30 mins
Piperacillin Tazobactam (Tazocin)	Infusion ONLY	Water for injection or sodium chloride 0.9% 10ml per 2.25g	NOT FOR BOLUS	100ml Sodium chloride 0.9%	30 mins
Temocillin	Bolus or infusion	Water for injection 1g vial: 10ml 2g vial: 20ml	3-4 mins	100ml Sodium chloride 0.9%	30 mins
Teicoplanin Monitoring required	Bolus up to 800mg >800mg by infusion	Use vial provided. Do not shake. Roll to dissolve. If goes foamy leave for 15mins for foam to subside.	3-5 mins PER SYRINGE	100ml Sodium chloride 0.9%	Up to 1.2g over 30 mins >1.2g agree with OPAT

For further information refer to Summary of Products Characteristics (SPC) at www.medicines.org.uk
Daptomycin, Linezolid and Metronidazole can be used in the community but ONLY if initiated in secondary care on advice from OPAT

*>30 min infusions cannot be administered in the community

Checklist

1. **Consultant Microbiologist contacted?** (Available Mon-Fri 9-5. Out of hours go straight to 2)
2. **Patient fulfils OPAT acceptance criteria, including a named clinician accepting clinical responsibility for patient in the community?**
3. **OPAT approved antibiotic prescribed?**
4. **Patient Medicines Administration chart (PMAC) completed and includes:**
 - Antibiotic, dose, frequency, route
 - Diluents for reconstitution as required/mini bags for infusion if required
5. **Community nurse referral made?**
 - Primary care – contact Single Point of Access (SPA) Phone: 0151 488 3703
 - Secondary care – complete Community nurse referral on Cerner and Single point of Access will contact you.
6. **Venous access assessed?**
 - If access is poor or >7 days treatment is required consider midline/PICC.
7. **PMAC faxed to Single point of access (SPA) – Fax 0151 488 3701**

Approved antibiotics for use and initiation in primary and secondary care (on OPAT advice)

amoxicillin, co-amoxiclav, ceftriaxone, ceftazidime, ertapenem, flucloxacillin, meropenem, piperacillin/tazobactam (Tazocin), temocillin, teicoplanin

The following may be used if initiated in secondary care ONLY on advice from OPAT.

daptomycin, linezolid, metronidazole

Note: Antibiotics that cannot be administered as a bolus injection and require >30 minute infusion cannot be administered in the community.

Contact Information:

Consultant Microbiologist:

WUTH Ext. 1879, External Contact No: 01244 362500

OPAT nurse contact information – For help with referral/IV access:

WUTH internal Bleep (777) 7090/7091
Long Range pager 07659 524108/523425
Phone: 0151 678 5111 Ext. 8986

OPAT team email: wih-trOPATTeam@nhs.net